Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

CLAIMS AS FILED - PART I								SMALL ENTITY		OTHER THAN	
TOD.				Column 1)		(Column 2)		Ε 🗀	OR	SMALL	ENTITY
FOR			NUMBER FILED			NUMBER EXTRA		E FEE		RATE	FEE
BASIC FEE							2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	380.00	OR		760.00
TC	TAL CLAIMS		15	minus	20= *		X\$ 9	=	OR	X\$18=	
IND	DEPENDENT C	LAIMS	/ minus 3 =		3 = *	= *		=	OR	X78=	•
ML	ILTIPLE DEPEN	NDENT	CLAIM P	RESENT	+130	=	OR	+260=			
* If	the difference	in colu	ımn İ is	less than ze	TOTA	L ·	OR	TOTAL	760		
	C	LAIM	S AS A	MENDE		OTHER			THAN		
	Eurotiff of China Mathematics - a later may be the		umn 1)	Policinal control disease and	(Column 2		SMAL	SMALL ENTITY OR SMALL ENTITY			ENTITY
AMENDMENT A		REM A	AIMS AINING TER IDMENT	(87) (87)	HIGHEST NUMBER PREVIOUSI PAID FOR	PRESENT LY EXTRA	RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE
	Total	*		Minus	**	=	X\$ 9:	=	OR	X\$18=	,
AME	Independent FIRST PRESE	*	N OF M	Minus	***	AIM =	X39=		OR	X78=	
	THOTTHEOL		<u> </u>		LINDLINI	<u> Aimi</u>	+130=	=	OR	+260=	
							TOT ADDIT. FI		OR	TOTAL ADDIT. FEE	
	•	(Coli	umn 1)		(Column 2	2) (Column 3		=E	-	ADDII. FEEI	
AMENDMENT B		CL	AIMS	4	HIGHEST		1	ADDI-	7 1		ADDI-
		AF	AINING FTER IDMENT		NUMBER PREVIOUSI PAID FOR	LY EXTRA	RATE		-	RATE	TIONAL
	Total	*		Minus	**	=	X\$ 9=		OR	X\$18=	
	Independent FIRST PRESE	*	N OF M	Minus	***	= ,	X39=		OR	X78=	
	THOTFILOL	MIAIR	ZIN OI WIN	JETIPLE DE	- LINDLINI CL	AllVI .	+130=	:	OR	+260=	
					TOTA		OR	TOTAL			
	•	(Calı	.mn 4\		(Calumn C	(Oalessa 0	ADDIT. FE	E L	_	ADDIT. FEE	
			umn 1) AIMS		(Column 2 HIGHEST	2) (Column 3	ጎ	1	,		
AMENDMENT C		AF	AINING TER IDMENT		NUMBER PREVIOUSL PAID FOR		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**	=	X\$ 9=		OR	X\$18=	166
	Independent	*		Minus	***	. =	X39=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1	1 1		
* 1	f the entry in colur	mn 1 ie la	es than th	+130=		OR	+260=				
**]	f the "Highest Nur	mber Pre	viously Pa	id For" IN THIS	S SPACE is less	than 20, enter "20	TOTA O." ADDIT. FE		OR	TOTAL ADDIT, FEE	·
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

	(CA	ALCULA	MOTT	SHEET)	·	
APPLICATIO	N NUMBER	: 9/4	<u>35 5</u> 07		•	•
·						• •
		Total Fe	e Calculatio		•	
	Fee Cade	Total # Claima	Number Extra X	-		
	Sc.A.g.		Extra X	<u>Fee</u>	Fee	Total
Basic Filing Fee	201/101			Sm. Eatity	Lg. Eatin	-
Total Claims >20	203/103	16 -20 =	x		760	760
ladapeadeat Claims >]	202/102		x			
Mult Dep Chim Present	204/104		^			
Surahara:	205/105			•	(37)	
Eaglish Translation	139	•			130	130
TOTAL FEE CALCULA	אסוד		٠.			992 4
Fees due upon filing th	e application:					<u></u>
Total Filiag Fees Duc =	= s	890.	n)			
.ess Filing Fees Submi	πed - S			·		
ALANCE DUE	= 5	89	0.0		•	
ffice of Initial Patent E	Autes xaminacion	-				

FORM OPE-RAM-01 (Rev. 12/97)